PTO/SB/06 (12-04)

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Under the Paperwork Reduction Act of 1895, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN SMALL ENTITY OR SMALL ENTITY (Column 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA RATE (\$) FEE (\$) RATE (\$) FEE (\$) BASIC FEE (37 CFR 1.16(a), (b), or (c)) SEARCH FEE (37 CFR 1.16(k), (r), or (m)) **EXAMINATION FEE** (37 CFR 1.18(o) (p). or (q)) TOTAL CLAIMS 20 minus 20 = (37 CFR 1.16(I)) × 25 · OR × 50 INDEPENDENT CLAIMS 2_ (37 CFR 1.16(h)) ×/00 = × 200 = If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due FEE (37 CFR 1.16(s)) is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(i)) If the difference in column 1 is less than zero, enter '0' in column 2. TOTAL TOTAL **APPLICATION AS AMENDED - PART II** OTHER THAN OR (Column 1) (Column 2) (Catumn 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE (S) ADDI-RATE (\$) ENDMENT AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE (\$) FEE (S) Total 21 Minus 137 CFR 1 16641 20 × 50 OR Minus × 200"= OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(1)) OR 5000 TOTAL TOTAL ADD' FEE ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE (S) RATE (S) ADDI-TIONAL FEE (\$) TIONAL FEE (S) **AFTER** PREVIOUSLY PAID FOR 219/05 EXTRA AMENDMENT Total 9 Minus 21 ENDMI 137 CFR 1 166H OR Minus OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(1) OR. TOTAL TOTAL OR ADD'L FEE ADD'L FEE * If the entry in column 1 is tess than the entry in column 2, write "0" in column 3 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter '20" "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14 This collection is estimated to take 12 minutes to complete. on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003 61.0067.AM CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE [OR SMALL ENTITY **TOTAL CLAIMS** RATE FEE RATE FEE FOR NUMBER FILED NUMBER EXTRA BASIC FEE 375.00 BASIC FEE 750.00 OR TOTAL CHARGEABLE CLAIMS -minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = X42= X84= OR MULTIPLE DEPENDENT CLAIM PRESENT +280= +140= OR * If the difference in column 1 is less than zero, enter "0" in column 2 OR TOTAL TOTAL תאלו CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY (Column 1) OR SMALL ENTITY (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT **AMENDMENT** AFTER RATE TIONAL RATE TIONAL **PREVIOUSLY EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus X42= X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= +280= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST 0 ADDI-REMAINING ADDI-NUMBER **PRESENT** ENT TIONAL **AFTER PREVIOUSLY** RATE RATE TIONAL **EXTRA** AMENDMENT PAID FOR FEE FEE AMENDM Total Minus X\$ 9= X\$18= OR Independent Minus X42= X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= +280= OR ΤΩΤΑΙ TOTAL OR ADDIT. FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-REMAINING NUMBER ADDI-PRESENT AMENDMENT **AFTER PREVIOUSLY** RATE TIONAL RATE TIONAL **EXTRA** PAID FOR AMENDMENT FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus = X42= X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= +280= OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." OR ADDIT. FEE ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Application or Docket Number